

10. Give details of all illnesses, diseases, accidents, and surgical operations which you have had within the past five years, if any: _____

11. Have you, within the last six months, passed any blood in your urine or stool? _____ If so, explain: _____

12. Have you noticed any genital discharge in the last six months? _____ If so, explain: _____

(OVER)

13. Do you take any medication regularly? _____ If so, explain: _____

14. Do you have any health problems or physical problems which would hamper your performance as a boxer? _____ If so, explain: _____

15. Have you ever tested positive for AIDS or the HIV Virus? _____

I hereby certify that to the best of my knowledge and belief the above statements are true and correct, and realize that any deliberate misstatements will subject me to disciplinary action by the Director of Regulatory Boards, Department of Commerce and Insurance

Signature of Boxer

STATEMENT OF PHYSICIAN

Question 1 includes those tests which are required by law to be included in the *pre-fight* examination. The nature of any further pre-fight tests, and of the "thorough medical examination" required for licensing of a boxer, is to be determined by the physician.

1. Weight _____ Temperature _____ Pulse (sitting) _____ (Pulse Standing) _____
Lungs _____
Heart _____
Blood Pressure _____ Evidence of venereal disease _____
Infectious Eye or Skin Diseases _____ Scrotal evidence of hernia _____
General Physical Condition _____
2. Orientation: *date, place and person* _____
Memory: *recent and remote events* _____
3. Head: record any deformities or areas of tenderness _____

4. Periobital margins: look for recent scars, tenderness, and swelling _____
5. Eyes: Pupils regular _____ Equal _____ React to light and accommodation _____
6. Ears: Auditory acuity for conversational voice: *indicate if normal or grossly impaired*:
right ear _____ left ear _____
7. Nose: *note any gross deformity or tenderness* _____

8. Neck: *note any masses, pulsations, etc.* _____
